State of New Jersey Department of Human Services Division of the Deaf and Hard of Hearing

Application for the 23rd Annual Equipment Distribution Program (FY '15)

Baby Alert System



You receive BOTH of these items.



Sonic Baby Cry Signaler
Plug in wireless device near baby. When baby cries a signal is sent to the Sonic Blink receiver.

Sonic Blink
No cords. No lamp or light needed.
Flashes 20 times per second.
Easy to use - just plug it in.

Parent/Guardian Last Name	[PLEASE PRINT]	First Na	me [PLEASE PRINT]
Street Address [PLEASE PRIN	NT] (Will not be deliver	red to PO Box.)	
City [PLEASE PRINT]	State	Zip Code	Home Phone Number
E-mail or Fax	Baby's Name		Baby's Date of Birth (Mo/Day/Year)
Applicant must either:			
,			by a licensed audiologist; OR fying applicant's hearing loss and need
b) Obtain signature below from		or physician veri	•
b) Obtain signature below from for a baby alert system. I attest that the information cont I further attest that my annual had	a licensed audiologist tained in this application ousehold income is less	Audiologist or I	fying applicant's hearing loss and need

DDHH EQUIPMENT DISTRIBUTION PROGRAM

Baby Alert System

Eligibility Requirements

- 1. Applicant must be a New Jersey resident.
- 2. Applicant is a parent or guardian with hearing loss and must either:
 - a) attach an audiogram signed by a licensed audiologist; **OR**
 - b) obtain a signature on this application of a licensed audiologist or physician verifying applicant's hearing loss.
- 3. Household income must be less than \$45,000 annually.
- 4. Information supplied on this form must be clearly printed. Form must be signed by the applicant.

Additional Information

- Limit of one (1) baby alert system per child under three years of age is provided through the program.
- Baby alert system is free of charge to eligible applicants.
- Supply of baby alert systems is limited and subject to availability and funding within a given fiscal year.